City of Chita Fe Springs Fire Department 11300 Greenstone Ave., Santa Fe Springs, CA 90670 (310)944-9713

Reporting Year 1/1 to 12/31, 19

(3.0)344-3	7.3
Company Name: Winkles forming	
Site Address: 12500 E. SLAUSON A	tre Unit #: 8-2
Mailing Address: SANta fe Skinn	93 04 90670
If your business is exempt from the repo	rting requirements, complete this section.
An exemption is claimed for the following reason (check one).	
 No hazardous materials are handled. Hazardous materials handled are less than 500 lbs., 55 g 	ration 200 out to (STR) and Acutely Hazardous
2) Hazardous materials handled are less than 500 fbs., 55 g Materials (AHMs) are handled in quantities less than the	Threshold Planning Quantities specified in 40 C.F.R., §
355, Appendix A.	· .
3) = +azardous materials are for sale to and use by the gener	al public (contained in packages of 5 gallons or less).
if items 2 or 3 were checked please read the following paragraph.	2 at 2 describe For Decomposite
4) Please check box 4 if you have already contacted the Fir determine if a Uniform Fire Code Permit is required. The	Conform Fire Code requires permits for handling
hazardous materials as well as operations which are haz	zarcous in nature. Uniform Fire Code Permits may be
required for hazardous materials in quantities less than t	he above diclosable amounts. Common chemical
hazard classes which require a permit include: flammab	carcinogens, toxic and highly toxic materials, explosives.
initants, corrosive and rapidactive materials, etc.	
If your business is not exer	mpt, complete this section.
Facility and Owner/Operator Identification	
Standard Industrial Classification(SiC) Code(4 digit =): 30819	1 1 1 1 1 Dura and Bradetreet #:
Nature of business: LASTIC MANUFACTURE	(Extriction + forming
Owner/Operator Name: Winklek forming	Tise 150-1451
Owner/Operator Name: Williams 40km/19	Thone #: (80%)
Other adjoining addresses used by your firm:	
Subsidiary or other business occupying this location:	1
Company Name: Lincoln Thefitty C	ompany TNC. (UNOLOKO)
Contact Name: LLOYS LEE	Phone #: (5707) 696-4065
Emergency Contact Information	
Name of Facility Emergency Coordinator: OARY KNO	90
Primary Contact	Secondary Contact
Name TARY KNOOD	Name: Jim Long Streth.
Title: front Mge.	Title: VP Ministractureing
(510) (52 WE)	Business Phone: (547) 693-1451
Business Phone: (502) (613-1451	
24-hour Phone: 55-	24-hour Phone:
Acutely Hazardous Material Information	
Acutely Hazardous Materials/Extremely Hazardous Substances	If you checked yes, is the amount
(from SARA 302, see pages 13-15 for Acutely Hazardous	A) above Threshold Planning Quantities(TPQ)? (If above TPQ, fill out Acutely Hazardous Materials
Materials list) are handled at your facility (check one).	Registration Form available at the Fire Department.)
Yes No	B) below TPQ?
Certification	
(I certify under penalty of law that I have personally examined and ar	m familiar with the information submitted and believe the
submitted information is true, accurate, and complete.	
Print Name of Document Preparer OAKY TY	0090
	0/10/91
1 Clanes va of Owner/Oracator	

(3)

	STEET-	NAME AVENUE	D	ST-NO 12500~	FR	BE
BUSINESS-NAME		oc	CONTACT	r-1	PHONE-1	
WINKLER FORMING		0	GARY KA	100	310/948	
			STEVE G	AZESIK	564 618	- 9313
MAIL-1		KB	CONTACT	1007 12251K 1-2	PHONE-2	
			ene cor	IZALEZ	626//92	7 93
			JOHN It	14HES	562/659	-1831
1AIL-2		EXT	PER		GRID	
1AIL-2 INSP W/12500 SLAUS 1AI1-3	ON HI. FV		NO	//	82-08	
IAIL-3	H3	DET	CYCLE	FREQ	STA	
			8	1	2 =	
BUSINESS PHONE 562 DATE 10 / 9 / 6	02 INSPE	CTOR CART	ER_	EMPLOY	EE NO 2/4	17
GOOD HOUSEKEEPING FAIR HOUSEKEEPING POOR HOUSEKEEPING	02 INSPE	VIOLATIONS DATE WRITTEN NO	ER RISER DTICE (UN)	SERVICE VERBA	out	17 of
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NO INCIDENT INFORMATION IS AVAILABLE

and the second of the second of



of Santa Fe Springs Fire Dartment

Fire Protection Division Environmental Protection Division

11300 Greenstone Ave. Santa Fe Springs CA 90670-4619 (562) 944-9713 fax (562) 941-1817

NOTICE OF VIOLATION & ORDER TO COMPLY

Cor	mpliance // \$ 300	27 - 02 Compliance 2nd Not addition.	o comply by the ce will result in al legal ment action
TEM	PROGRAM	DESCRIPTION	VIOLATION TY
	8	DEEDS STR SERVICING	- Equicipo
	SIGNATUR		will sign and return O-9-67 DATE DATE

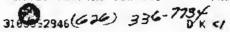


UNIFIED PROGRAM (UP) FORM HAZARDOUS WASTE GENERATOR

				PAG	E OF
BUSINESS NAME: WIN	KLER FORMIN	o, IN	/c.		3
BUSINESS SITE ADDRESS	12500 E. SLAL	SON AL	M. 9067	0	103
FACILITY ID #	NO. OF EMPLOY	EES: 28	1330 EPAID1	100010	5338
	I. TYPE O	F GENERATO	R		
PLEASE CHECK THE FOL	LOWING BOXES THAT APPL	Y			^
		RCRA GENERA (FEDERAL WAS		NON RORA GE (CALIFORNIA)	
LARGE QUANTITY GENERATOR (>1000 KG HAZARDOUS WASTE					0
SMALL QUANTITY GENERATOR (>100 KG BUT <:000 KG HAZAF					×
CONDITIONALLY EXEMPT SWAI (< 100 KG HAZARDOUS WASTE			D	. , ,	0
	II. WASTE STRI	EAM IDENTIFI	CATION		
PLEASE COMPLETE THE	TABLE BELOW SEE INSTRU	ICTIONS FOR	CODES AND EX	PLANATION.	
PROCESS 5 \	WASTE DESCRIPTION C		PER YEAR	DISPOSAL METHOD	F STORAGE G METHOD
GENT BOX OIL CHANGES - FORMERS .	WASTE OIL	221	329 GALS	0	A
CHANGES - EXTENDED'S	WASTE OIL	221	7756nL	D	A
CIL CHANGES, FICANCE	WASTE OIL		2406als	0	A
SILICONE & WHTER	SILICONE + WATER		640 GALS	6	A
CHANGE'S	Blycoit WATER		4006ALS	В	A
			×		
I certify that the information	n provided herein is true and a	ccurate to the t	pest of my knowled	lge.	
OWNER OPERATOR NAME	raig Sneddau	1 H OWN	ER/OPERATOR TITLE		
OWNER OPERATOR SIGNATUR		DATE	7-25-00		
OFFICIAL USE ONLY	DATE RECEIVED		REVIEW	ED BY	
CUPA	PA	DISTRICT		INSPECTOR	

WASTE MANIFEST	Generator's US EPA D No	1 22	3 17	4 14		13 NOT MICH	n in rine shadedware ured by Federal kn
WINKLER FORMING, INC. 12500 E. SALUSON AVE. SAUTA FEMSERINGS, CA	90670				Annihist Document	9	91386
5 Transporter 1 Company Name	é us epa id	trumber .		C. Stote T	ronsporter's ID Re	063	
UNITED SUMPING SERVICE	E. THE. LE IA ID IS	17 12 9 5 13	17 17 13	D. Tronsp	orine's Phone	26) 961	-9326
7 Transporter 2 Company Name	B US EPA IL		1	E. State T	ronsporter's ID (Re		
	1111	11111	111	1	orter's Phone		
9 Designated Facility Name and Site Address DEMENNO KERDOON		Number		G. Stone	7707	101	375A
COMPTON, CA 90222	CATO	18 10 10 1 13	3 5 2	H. Facility	/s Phose (3	10)537	7-7100
11. US DOT Description (including Proper Sn	oping Name, Hazard Class, and ID Nu	mber)	12 Co	Type	13. Total Quantity	14 Unit WI/Vol	I. Wosts Number
"NON-FICRA HAZARDOUS	WASTE LIQUID						221
			0 0 1	TIT	CVEFI	G	NON-RCR
PER SINT	ETE STIREAM HAS BEEN QUA	U (C)CO				1	Same ·
FOR REC	WOLLIGHTREATMENT AT THE	LIFIED					EN/Otes
c Uchining	S REPORTED TO THE PARTY IN CO.	MOTON		1			Shake
CALIFOR	MA. THIS FACILITY HAS THE	NECESCARY					EPA/Other
PERMIS	10 SECEIVE YOUR WASTE O	TPEAM AC				-	Shake
QUALIFIE .	o our efa number is cai	080013352					EPA/Other
				1		1	12
J. Additional Descriptions for Materials Listed	and the same of the same of the	· · · · · · · · · · · · · · · · ·	A party	e. L	RO Codes for West	P:	Market Street
A.) SOLUBLE OFL AND W	ALEX PROFILE VIII		3100		101	4.	- 19.
San		to the same of				-	
15. Special Handling Instructions and Addition 24 HOUR EMERGENCY PHO- WEAR APPROPRIATE PROT	FX-6: Persona ECTIVE EQUIPMENT 4.	GOGGLES			VED AV		
16 GENERATOR'S CERTIFICATION: I hereb marked, and labeled, and one in all responsible for a large quantity generator, I comprochable and mat I have selected the and the environment OR; if I am a smo available to me and that I can afford. Printed/Typed Name	sects in proper condition for transport to tify that I have a program in piace to a practicable method of treatment storag di quantity generator, I have made a go	y highway according to educe the volume and e. or disposal currently sod faith effort to minis	toxicity of way available to	oste generali me which i e generalio	and national game ted to the degree I minimizes the press mand select the bo	have determent and future	lations. Lined to be economic threat to human negament method
17 Transporter is Acknowledgement of Roce	7-	1.17	die	inte.			1 7 2
PAYMONS & BART	The Signature	mond	Cir	Jan	/	Mo	0 0 0 P
18 Transporter 2 Acknowledgement of Rece-	S-gnatur			- 1		led.	th Day
Printed/Typed Name 19 Discrepancy Indication Sence Discrepancy Indication Sence Discrepancy Indication Sence Discrepancy Disc							

DO NOT WRITE BELOW THIS LINE.



PAGE 82

DeMenno / Kerdoon

DEMENNO / KERDOOM'S LABORATORY IS CERTIFIED BY THE CALIFORNIA DEPARTMENT OF HEALTH SERVICES ENVIRONENTAL LABORATORY ACCREDITATION PROGRAM (ELAP) CERT. 4 2031

GEN	ERATOR'S INFORMATION		
A.	GENERATOR'S NAME WINAICE FRANCIS The	B.	EPA IDA CALODO DE 358
C.	GENERATOR'S ADDRESS (200 F CH. Lifery AND	D.	PHONE 64 008-5181
€.	CITY, STATE, ZIP Sauce FE Seeing CA 45070		
E.	GENERATOR CONTACT CON BURNE	G.	TITLE
н.	CUSTOMER NAME	I.	PHONE (SA) #13- TORA
7	TRANSPORTER NAME Guita Program Comme		PHONE (W) 16 12
d.			
L	TRANSPORTER EPA IDO 64000 5377/	М.	CONTACT REAL
A.	NAME OF WASTE NOW - ALAR MARARONS WASTE	4	ia.
B.	CALIFORNIA HAZARDOUS WASTE CODE NO. 2.21 C.		
(O)	DESCRIBE PROCESS GENERATING WASTE		
-	DOES THIS WASTE CONTAIN PCS'87		
E.	DOES THIS WASTE CONTAIN PLBS? DOES THIS WASTE CONTAIN DIOXIN? (F0020-F0028)		
G.	DOES THIS WASTE CONTAIN SULFIDES OR CYANIDES?		yes 🔀 K
H.	DOES THIS WASTE CONTAIN SOLVENTS?		yes Z m
rı.	(IF YES, IDENTIFY IN ITEMS A OR D ABOVE.)		760
1.	DOES THIS WASTE CONTAIN PLATING WASTE?		
Ĵ.	HAS THIS WASTE BEEN MIXED WITH RCRALISTED WAS	TE?	700
Ψ.	(F. K. U OR P EPA WASTE CODES)		yes K no
K.	IF YOU HAVE MISDS FOR COMPONENTS IN THIS WAS	RTF	
	PLEASE ATTACH	2010 10 41	MSDS ATTACHED []
Ĺ.	IF YOU HAVE CURRENT ANALYSIS OF THIS		
	WASTE, PLEASE ATTACH	C	HEMICAL ANALYSIS ATTACHED
GEN	HERATOR'S CERTIFICATION		
PEPI PRO TATA CHAI	REBY CERTIFY THAT THE INFORMATION PROVIDED ON THIS DOCUMENT, RESERVING HAS BEEN COMMITTED BY ANYONE. I FURTHER CERTIFY I FILE WERE TAKEN AND PRESERVED IN ACCORDANCE WITH 40 CFR 281 VICE OF MY ACTUAL WASTE STREAM! HEREBY AGREE TO NOTIFY DE INGE IN ANY WAY. THORIZED SIGNATURE.	MAT ANY	SAMPLE(5) PROVIDED WITH THIS WASTE IX 1 AND ARE ACCUPATE AND REPRESEN-

SEE REVERSE SIDES FOR INSTRUCTIONS PLEASE TYPE OR PRINT GLEARLY

100% NON-HAZARDOUS WASTE MANIFEST

MANIFEST 063 041002

PRESS HARD	WASTE MA	MIFEST			
GENERATOR GENERATOR MUST COMPLETE	② DESIGNATED TSD FA			ERNATE TSD FACILITY	
3 NAME WINKLER FORMING INC.	(AUTHOR	HIZED TO OPERATE UNDE	ER AN APPROVED STATE	OR FEDERAL PROGRAM)
EPA NO.	NAME CROSBY &	OVERTON	NAME		
ADDRESS 12500 E. SLAUSON AVE. BLDG. II-1	EPA NO.		EPA NO.		
SANTA FE SPRINGS, CA. 90670	CITY AVA	1. 17TH ST.	ADDRESS		
PHONE NO. (562) 693-5282	ZIP CODE LONG	BEACH, CA. 90813	CITY STATE.		
ORDER PLACED BY GARY KNOOP DATE CONTRACT NO.		2) 432-5445	PHONE NO.		
	APPROVAL /		No. of the last two states and	and the second	- An interest
(5) US DOT PROPER SHIPPING NAME	U.S. BOT HAZARD	I.D. NO OR VOLUME	UNITS CONTAINERS	NUMBI R	
WASTE NON HAZARDOUS WASTE SOLID	N/A	N/A /400	7 onome	HAGS CARTONS	THUCH
WASTE			TRUCK	OTHER	
O WASTE CATEGORY N/A	(7) EX. HAZ. WASTE PE	BALL NO.	(B) GENERATING P	DOCESS DELL'AND DELL'	Charles and Control of the Control o
WASTE CATEGORY N/A CONC	BANGE UNITS			CONC RANGE	TERIAL.
MOLECUR SIEVE 100	R LOWER DE EIRODEND WAS	III was Pietfair on depo y	de Stokth for ses account	UPPER LOWER	П.П.
A MOUNTAIN STRAIN	PRIMATE THANTED IN	DERK BY TA	ार एक्ट एक्ट्र इस र संस्थातक स्ट	ing	- : - :
C			PROVERNY	S OP	HIH
D	THE PROPERTY AND TANK	NON HAZARDOUS MA	TEMAL JE DE CELOR	The w	
WASTE PROPERTIES PH N/A TOXIC FLAM	MABLE CORROSIVE/IRRI	TANT REACTIVE	SENSITIZER V.S TITICHAD	ANDGEN/MUTAGEN	
OPHYSICAL STATE TOOLIO LIQUID SLUDGE	SLURRY GAS	DTHER			
DEFECIAL HANDLING INSTRUCTIONS: X GLOVES X GO	OGGLES MESPINAT	OR OTHER			
GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE					D, AND ARE
IN PROPER CONDITION FOR TRANSPORTATION ACCORDING T			ANT OF THANSPORTATION		
RESPONSE CENTER, U.S. COAST GUARD 1:800-424-	COLUMN TO THE CO	() Ac	HORIZED AGENT & TITLE	120,012	OF/C3/2
		STOTAL CHE ST NO.		SOFE	715
TRANSPORTER (HAULER MUST COMPLETE		#			
NAME UNITED PUMPING SERVICE, INC.	JOS NO.	41564	PICK-UP	DATE 5/3/	99
EPA NO. [C A D 0 7 2 9 5 3 7 7 1	UNIT NO.	543ª	TIME	915 1	TAM TIM
ADDRESS 14016 EAST VALLEY BOULEVARD		M-14-14-15	7.		
SIFCODE CITY OF INDUSTRY, CA 91746) , ,	/ lilian		
PHONE NO. (626) 961-9326	19 (_	12 N	1 Constant		
		BIGHAT	UNE OF AUTHORIZED AG	ENT & TITLE	
TSD FACILITY (OPERATOR MUST COMPLETE)					
	A	DMS	A HANDLING OR DISPO		
@ NAME COOSH + QUITON	Q QUANTITY (IF			-4	
EPANO. CHOOLES 40196119	STATE FEE IN	ARY) B		-	NOFILL
10 INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MA	NIFEST AND SHIPMENT		INJECTION		NO TREATMENT
		••	RECOVERY		
3 IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY TO	HE DESIGNATED TED FACILL	71.		THOM TOWN	AGE/TRANSFER
NAME	- Godon	ull What	2015 . Day	- &	-9-99
EPA NO.	G LOOV	- July	- woon	Lucy O	

Acceived 7/10/11

Signature of Owner/Operator

Hazardous Meterial Business Plan Statement City of Chita Fe Springs Fire Department 11300 Greenstone Ave., Santa Fe Springs, CA 90670 (310)944-9713

Reporting Year 1/1 to 12/31, 19__

Company Name: Winkles forming	TUC Prone (562)(43-145)
Site Address: 12500 E. JAUSON	Are Unit#: F
Mailing Address: SANta te Stiff	193 OA 90670
If your business is exempt from the rep	orting requirements, complete this section.
355, Appendix A.	te Threshold Planning Quantities specified in 40 C.F.R., §
3) Hazardous materials are for sale to and use by the gen if items 2 or 3 were checked please read the following paragraph.	
4) Please check box 4 if you have already contacted the F determine if a Uniform Fire Code Permit is required. The hazardous materials as well as operations which are have required for hazardous materials in quantities less than hazard classes which require a permit include: flamma	Fire Prevention Division of the Fire Department to the Uniform Fire Code requires permits for handling azardous in nature. Uniform Fire Code Permits may be
If your business is not ex	empt, complete this section.
Facility and Owner/Operator Identification	
Owner/Operator Name: DINKIEL HORMING Other adjoining addresses used by your firm: Subsidiary or other business occupying this location: Company Name: LINCOLN FROFER (Contact Name: LOVA LEE	
Emergency Contact Information	
Name of Facility Emergency Coordinator: OARY KNO	DP
Primary Contact Name: TARY BY NOOP Title: PLANY MYL. Business Phone: (542) (43-1451 24-hour Phone:	Name: Jim Long Streth Title: VP Minus Actual Susiness Phone: (562) 693-1451 24-hour Phone: FX-6 Personal Privacy
Acutely Hazardous Material Information	
Acutely Hazardous Materials/Extremely Hazardous Substances (from SARA 302, see pages 13-15 for Acutely Hazardous Materials list) are handled at your facility (check one). Yes No	If you checked yes, is the amount A) above Threshold Planning Quantities(TPQ)? (If above TPQ, fill out Acutely Hazardous Materials Registration Form available at the Fire Department.) B) below TPQ?
Certification	And the second s
I certify under penalty of law that I have personally examined and a submitted information is true, accurate, and complete. Print Name of Document Preparer	em familiar with the information submitted and befeve the

Date

	STREET-	NAME AVENUE	D	C 12500	FR	UNIT
BUSINESS-NAME		oc	CONTAC	T-1	PHONE-1	_
WINKLER FORMING		17	S GRZ	NOOP		
MAIL-1		KB	CONTAC		PHONE-2	~ ~~
		NO	cus co	NZALEZ		-
MAIL-2		EXT	J Itu	DATE	CRID	
INSP W/12500 SLAUSON	H1,82,H3,	S/W	NO	/ /	82-08	
MAIL-3		DET	CYCLE	FRED	STA	
		NO	8		28	
GOOD HOUSEKEEPING () FAIR HOUSEKEEPING () POOR HOUSEKEEPING () USE BACK SIDE FOR CO	FH) PH)	WRITTEN I	NOTICE (WN)XVERB	AL NOTICE (VN)
CODE ACT-DATE COMP	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		COMME			
NBI 92/04/28 FPB	1264 0000	NBI/SUBTE	NANT-SPECT	RUM-GOOD HS	KP	
INSP 93/06/08 2A		FAIR HSKP				
INSP 94/05/26 28		GOOD HSKP				
		FAIR HSKP				
INSP 96/07/16 2A		FAIR HSKP				
INSP 97/09/11 28	650 0025	FAIR HSKP				
VIOL 98/10/01 2C			SLES/LOCAT	E EXTES CON	SPIC & SVC	
INSP 98/10/01 2C		FAIR HSKP				
INSP 99/10/15 2A	1508 0000	1 10 1 10 1 10 1 10 10 10 10 10 10 10 10				

NO INCIDENT INFORMATION IS AVAILABLE

y use only. Received

Hazardous Material Business Plan Statement City of Unta Fe Springs Fire Department 11300 Greenstone Ave., Santa Fe Springs, CA 90670 (310)944-9713

Reporting Year 1/1 to 12/31, 19

	ngs CA 90670
The state of the s	porting requirements, complete this section.
355. Appendix A. 3)	he Threshold Planning Quantities specified in 40 C.F.R., § heral public (contained in packages of 5 gallons or less). Fire Prevention Division of the Fire Department to the Uniform Fire Code requires permits for handling hazardous in nature. Uniform Fire Code Permits may be
irntants, corrosive and radioactive materials, etc.	a, cardinogens, toxic and righty toxic materials. Exposites.
. If your business is not ex	xempt, complete this section.
Facility and Owner/Operator Identification	
Other adjoining addresses used by your firm: Subsidiary or other business occupying this location:	
Company Name: LINCOLN FROFIXETY	Phone # (502) 696-4065
Company Name: Lincoln theferty	
Company Name: LINCOLN FROFERTY CONTact Name: LLOYS LEE	
Company Name: LINCOLN TRAFERTY Contact Name: LLOYS LEE Emergency Contact Information	Phone #: (52-2) (6916 - 14065 Secondary Contact
Company Name: LINCOLN FROFERFY Contact Name: LLOYS LEE Emergency Contact Information Name of Facility Emergency Coordinator: OARY KING	Phone #: (52-2) 696-4065
Company Name: LINCOLN FloofExty Contact Name: LLOYA LEE Emergency Contact Information Name of Facility Emergency Coordinator: OARY KINC Primary Contact Name: TARY KNOOP Title: FLAMY MAL. Business Phone: (543) (683-1451 24-hour Phone:	Phone #: (50) (696-4065 Secondary Contact Name: Jim Long Streth, Title: VP Minus Actual Survey Business Phone: (50) (693-1451
Company Name: LINCOLN FIRSTER OF COntact Name: LLOYS LEE Emergency Contact Information Name of Facility Emergency Coordinator: OARY KINC Primary Contact Name: TARY KNOOP Title: FLAMY Mgs. Business Phone: (542) (673-1451	Phone #: (50) (696-4065 Secondary Contact Name: Jim Long Streth, Title: VP Minus Actual Survey Business Phone: (50) (693-1451

(3)

	STSEET-	NAME AVENUE	D	ST-NO 12500	FR	HIT
BUSINESS-NAME		oc	CONTACT	r-1	PHONE-1	
WINKLER FORMING INC		0	RICARDO	ZESIIC	2	120
1AIL-1		KB		PALMER	PHONE-8	-
1AIL-2		EXT	J. Hu	DATE	GRID	
INSP W/ 12500 SLAUSON	H3, H1, F.	sw	NO	/ /	82-08	
IAIL-3		DET	CYCLE	FREQ	STA	
			8	1	28	
SUSINESS PHONE 562/69	3-1451	BLDG L	INCOLN PRO	PERTIES	100	
NATE 10,9,0	7 INSPE	CTOR CAG	TER	EMPL OYE	F NO 2/5	17
FAIR HOUSEKEEPING (FI POOR HOUSEKEEPING (PI USE BACK SIDE FOR CON	1)	WRITTEN PREVIOUS	OTICE (UN VIOLATION	VERBAL CORRECTED	NOTICE (VN)
CODE ACT-DATE COMP	MPL TIME		COMME	NT.		
INSP 91/02/15 1FPB	558 0015	NOT VACANT	BLDG OCC	JPIED		
NSP 91/06/11 82B	514 0015	UN/SVC ALL	EXT, KEE	ALL DOORS	CLEAR	
NSP 91/06/12 2B ORR 91/06/17 82B NSP 92/05/05 2C	514 0030	GH/ UN: 5	SERVICE EX	TINGUISHERS		
CORR 91/06/17 82B	0 0000	VIOLATIONS	CORRECTE)		
INSP 92/05/05 2C	515 0015	BUILDING (ACANT			
INSP 93/06/08 2A	306 0030	GOOD HSKP				
INSP 94/05/24 2B		VACANT				•
	680 0020	GOOD HSKP				
		GOOD HSKP				
INSP 97/10/01 28	511 0000	GOOD HSKP				
VIOL 97/10/01 82B	511 0000	NEEDS HI	ILE PERMI	T, SPRK HEAD	CLEARANC	
CORR 97/10/22		WRITTEN V	OLATIONS	CORRECTED		
	372 0000				+	
INSP 99/10/15 2A	508 0000	FAIR HSKP				

NO INCIDENT INFORMATION IS AVAILABLE